Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040141-6

Standard Form No. 1034 — Revised
Form prescribed by
Comptroller General, U. S.
September 7, 1950
(Gen. Reg. No. 51, Supp. No. 11)
(Amended February 20, 1952)

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

Pub. Vou. No. _____

Bu. Vou. No. 2364

U. S. COST REIMBURSABLE
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., *Payee's Account No.* _____

To _____
(Payee)

_____
(Address) (City) (State)

PAID BY

Encl #8
DRD-0632-59
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE Cost	UNIT PRICE Per	AMOUNT Dollars	AMOUNT Cts.
		Costs				$6,079.	30
PAYMENT: Complete ☐ Partial ☐ Final ☐		Use continuation sheet(s) if necessary					
Shipped from	to	Weight	Government B/L No.		Total	$6,079.	30

I certify that the above bill is correct and just and that payment has not been received.

(Sign original only)

Date 1-16-59 *D

[redacted] d when a like certificate is made by payee on attached bill or bills)

Per _____ Title _____

(Payee must NOT use this space)

Differences _____

Amount verified; correct for $6,079 30

(Signature or initials) EL

Contract No. A-101 Date Req. No. Date Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for $ _____

By _____

Title _____

SIGN ORIGINAL ONLY

† _____
(Authorized Certifying Officer)

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

JAN 26 AM 11:43

Paid by { Check No. _____ dated _____, 19____, for $_____ on Treasurer of the United States in favor of payee named above.
Cash, $_____, on _____, 19____. Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary" or "Treasurer," as the case may be.

† If the ability to certify [illegible] necessary; otherwise the approving officer will sign on the line below "Approved for $_____", and

Per _____

Title _____

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16—22900

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STATOTHR

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THE RAMO-WOOLDRIDGE CORPORATION

FORM STL - 660

ACCOUNTS PAYABLE

WEEKLY DISTR Page

DATE 12/2

BATCH No.	BATCH Mo.	BATCH Day	BATCH Yr.	INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE Mo.	PAYMENT DATE Day	Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR. CODE	COST CENTER Maj.	COST CENTER Int.	COST CENTER Sub.	CHARGE DISTRIBUTION Account	CHARGE DISTRIBUTION M.J.O.	CHARGE DISTRIBUTION S.O.	CHARGE DISTRIBUTION Work Order	NET AMOUNT
11	12	31	8	7471	44620		01	06	1177				1	50	25	00	00	12501	3070	01		1250 1250 * 1250 ** 1250 ***

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THE RAMO-WOOLDRIDGE CORPORATION

FORM STL - 660

ACCOUNTS PAYABLE

EEKLY DIST

Page 7 [illegible]

DATE 12/28/.

BATCH No.	BATCH Mo.	BATCH Day	BATCH Yr.	INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE Mo.	PAYMENT DATE Day	Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR. CODE	COST CENTER Maj.	COST CENTER Int.	COST CENTER Sub.	CHARGE DISTRIBUTION Account	CHARGE DISTRIBUTION M.J.O.	CHARGE DISTRIBUTION S.O.	CHARGE DISTRIBUTION Work Order	NET AMOUNT
98	12	30	8	16302	45270		01	05	1021				1	50	25	00	00	12501	3093	19		8376
98	12	30	8	16314	46071		01	05	1021				1	50	25	00	00	12501	3093	19		2830
11	12	31	8	7630	43986		01	06	1177				1	50	25	00	00	12501	3093	19		99000
11	12	31	8	7689	43986		01	06	1177				1	50	25	00	00	12501	3093	19		99000
11	12	31	8	7741	43986		01	06	1177				1	50	25	00	00	12501	3093	19		49500
																						258706
																						258706 *

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THE RAMO-WOOLDRIDGE CORPORATION

FORM STL - 660

ACCOUNTS PAYABLE

WEEKLY DISTR

DATE 12/28/

BATCH No.	BATCH Mo.	BATCH Day	BATCH Yr.	INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE Mo.	PAYMENT DATE Day	Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR. CODE	COST CENTER Maj.	COST CENTER Int.	COST CENTER Sub.	CHARGE DISTRIBUTION Account	CHARGE DISTRIBUTION M.J.O.	CHARGE DISTRIBUTION S.O.	CHARGE DISTRIBUTION Work Order	NET AMOUNT
81	12	29	8	911529	43366		01	02	202				1	50	25	00	00	12501	3093	65		4033
84	12	29	8	12-166	46165		01	09	206				1	50	25	00	00	12501	3093	65		764
84	12	29	8	12-373	46166		01	09	206				1	50	25	00	00	12501	3093	65		1541
84	12	29	8	11-1371	46165		01	09	206				1	50	25	00	00	12501	3093	65		1182
84	12	29	8	12--134	46167		01	09	206				1	50	25	00	00	12501	3093	65		4598
11	12	31	8	7322	46595		01	06	1177				1	50	25	00	00	12501	3093	65		99000
16	12	31	8	12- 766	46167		01	06	206				1	50	25	00	00	12501	3093	65		525
																						111643*
																						111645**
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